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**Intercultural Body-Oriented Psychotherapy:
The culture in the Body and the Body in the Culture**

Abstract

In this article I will describe the therapeutic work with a Chinese client. Relevant concepts of culture, empathy, implicit cultural knowledge and implicit relational knowledge will be interwoven into the story of the therapy. I want to show how an incorporation of the implicit embodied communication between therapist and client can enrich intercultural psychotherapy. The chosen examples of embodied interventions and experiments will introduce the reader to a body-oriented intercultural psychotherapy.

Keywords: Culture, implicit cultural knowledge, migration, body-oriented psychotherapy, implicit relational knowledge, body-to-body-communication, intercultural psychotherapy

The first contact...

A Chinese client asking for a therapy in English language had been referred to me by a German colleague. At this time I had been back in Germany for three years. Before that I had lived in France, Israel, California, and Great Britain for about twelve years.

During the first telephone contact the client, whom I will call A., told me with a breathless quiet voice that she needed help and that she felt depressed. As A. had not much credit left on her mobile we arranged the first session via email. In the email A. wrote that my colleague had said that she looked depressed. A. acknowledged this and added that she struggled to concentrate. Especially after phone calls to her parents who live in China she felt very low.

... and we are greeting each other face to face

I remember how A. seemed to glide into my room. Her movements appeared very light, her feet hardly touched the floor. She stretched out her right hand to shake my hand and smiled at me. Just before shaking her hand I noticed how the fingers were held together and also the thumb appeared as sticking to the pointing finger. My hand touched her fingers very lightly and I also smiled at her. I said "hello" and welcomed her.

For nine years I had lived and worked in Great Britain. At the beginning of this time I had missed the German handshake and it had taken some time for my hand to learn not

to stretch out automatically when greeting somebody (see Appel-Opper 2007). Lichtenberg (2005) points out the cultural differences in our contact behaviour. As White (2011) does, he comes to the conclusion that there are no general rules, but adds that each cultural behavioural pattern is meaningful for the members of their culture.

Two strangers with two different realities

Culture is often defined as the system of values and practices shared by particular groups of people. (see for example Acharyya, 2000 and Özbek & Wohlfart, 2006). In many texts the focus is on the understanding of the client's culture. The authors describe how cultures can differ from each other. Authors such as Lago and Thompson (1996, 2000, p. xix) and Rapp (1999, p. 4) are aware of the danger that this knowledge could be used as recipes for discrimination. In the worst case the therapist could then believe to know everything about the culture of the other; the other then gets looked at through this filter.

But which role does the culture of the therapist play? Sapriel and Palumbo (2001) show how their own cultural background influences the perception and the understanding of their clients. Stolorow, Atwood and Orange (2002) talk about a meeting and negotiation of two worlds of experiences. Schmitz (1989) introduces his concept of the "mutual situation" which consists of the native language and the customs and conventions. He adds that "the initiated" could spontaneously master these situations. Tömmel (2010) refers to one's own culture as "the air that one breathes". With reference to Bollas (1987) she adds that the culturally "unthought known" is more unconscious than the individual's unconsciousness. In addition, the author states that the intercultural work challenges the therapist to overcome not just individual narcissism but above all cultural narcissism which she sees as more unconscious than individual narcissism.

For twelve years I lived as a stranger in a foreign context. These experiences have changed me and how I organize myself. In this first session with A. I felt a calm mindfulness which had grown over the years I had worked in the U.K. During this time I had learnt to sit more easily/comfortably with the not-knowing of the situation that I was in.

English words and first tones of a different melody

As A. had come in she had introduced herself. For my German ears the way she pronounced her name sounded very different to the letters of her name which I had read before in her email. Therefore I inquired about her first and last name and whether she could tell me both again so that I would understand. We agreed to call each other by our first names. A. then also asked how to pronounce my first name.

From my own experience I know how important it is to hear your own name in your right way of pronunciation. After some time in Britain it became important to me to hear my first name rightly spoken. I had missed the familiar tonal sequence. In my clinical work I had experienced how appreciative my clients had been when I tried to say their name *in the right way*. I remember the comment by a supervisee whose parents had emigrated from Jamaica. He had said at the end of our supervisory

relationship that “pronouncing his name right had been the first and the most important sign that his culture had been welcomed in my consultation room”.

As the first session went on, A. told me that she had lived and studied in Germany for one year. She pointed out that she was pleased that the therapy could take place in English as her German was quite bad. I learnt that she was 23 years old and the first child of her parents who live in China. A. described the relationship to her mother as “difficult”. Her grandmother died as her mother was one year old. A.’s grandfather remarried within a short time. Her mother had been beaten as a child by her step mother. A. added that she also had been beaten by her mother. A. described the relationship to her father as “better”.

In these first minutes of our being together I noticed an atmosphere of respect, mindfulness and a certain harmony and composition unfolding. The hand shake, the rhythm of speaking in a low voice, the short sequences of direct eye contact and then quickly looking down were ingredients of this different melody.

Özbek, T. & Wohlfahrt, E. (2006) describe their work with migrants as taking place in a “transcultural potential space“(with reference to Winnicott’s (1971) concept of the “potential space”). The authors point out that none of the existing cultural meanings should be favoured. From my own experience I know how the migration process takes place in an area of tension between over adapting to the new culture and over identifying with the old culture. Therapist and client move along similar poles. In the extreme the other could only be perceived as a representative of a foreign culture whereas the individuality would disappear; likewise, cultural differences could also be ignored. From his intercultural work in the Netherlands Gomperts (2010) points out the temptation to enter into a “narcissistic collusion”. In this case both know that there is discrimination, but it does not exist in the consulting room as “we are above all that”.

Culture is always embodied – embodied messages as another language

The briefly mentioned comment of A. that she had been beaten somehow disappeared like a minor part of a long harmonic piece of music. I could have easily not heard it. I remember how A. had spoken with a low and even voice. The tonal sequence of her voice stayed melodic and evenly flowing even though she had mentioned the physical attacks by her mother.

Elsewhere I introduce and describe how I work from a living body perspective – which I call “Relational Living Body Psychotherapy”. (Appel-Opper, 2008a, 2008b, 2009, 2010, 2011) With my own bodily resonances I sense the stories the body is broadcasting as atmospheres or echoes, and also as subtle movements, mimic and gesture, tonal sequence and eye contact behaviour. I regard this prereflective nonverbal behaviour as a body-to-body-communication which is cocreated by client and therapist. From my clinical experiences I believe that the therapist’s embodied resonances also transfer something to the client. I see the therapist’s implicit movements as important instruments of this embodied communication which can be developed into embodied interventions and experiments. With my concept of communication I wish to expand the theoretical world of embodied transference and

countertransference. With reference to Bollas (2010), I look at this embodied communication more as an embodied free association. Drawing on Ogden (1994) the body-to-body-communication can also be seen as an Embodied Third.

Kohut's concept of empathy (1978) seems to stay focused on the *psychological understanding* of the other through exploring mutual experiences. It is of interest that Kohut believes that it is easier to experience empathy with a person of similar culture. I agree with Staemmler (2009) that many concepts of empathy neglect the body. The author refers to concepts developed by the phenomenological philosophers Schmitz and Fuchs. Schmitz (1989) writes about "milieus" and atmospheres in the body. For him the felt perception is not a reception of signals but a "lived body communication". For Clemmens and Bursztyn (2005, p.185) there is "no culture without embodiment".

During the years when I lived and worked in Great Britain I became fascinated by Dialogical Gestalt Psychotherapy and Relational Psychoanalysis in theory and practice. Both traditions have influenced and confirmed the way I work from a living body perspective.

Dialogical Gestalt psychotherapists focus on the "between" as a "healing dialogue", in which therapist and client share meanings and phenomenology. (Hycner, 1991; Parlett, 1991; Yontef, 1998). Parlett (1991) points out, that "through creating a mutual field each of us is helping to create other's realities" (p. 76). I wish to add that therapist and client also cocreate each other's *physical reality*. Authors such as Kepner (1987, 1995, 2003), Tervo (1997, 2007), Clemmens (2010) and Clemmens and Burstyn (2003, 2005) write about how they work in this bodily between instead of talking about body experience. Tervo's description of her clinical work with children and adolescents shows how she develops games which give the child opportunities to breathe and to move allowing the child's body to structure, enliven and defreeze.

As I pointed out elsewhere (Appel-Opper, 2011) relational psychoanalysts have provided a rich variety of concepts with the focus on bodily based communication. Milch, Schreiber & Leweke (2008) talk about how embodied representations help us to react appropriately when meeting somebody else. The Boston Change Process Study Group (for example 2002, 2008) write about the unconscious non-verbal intention unfolding process. Like many others, these authors relate their ideas to the findings on mirror neurons. These neurons link an observer's perception of another person's behaviour with the motor area of the observer's brain. Thus, the observer experiences the other as if having executed the same action, or feeling the same emotion. (Gallese, 2003; Rizzolatti, Fogassi and Gallese, 2001). In that sense the existence of mirror neurons provides a possible neurobiological mechanism for understanding how we are able to read other people's intentions. Beebe and Lachmann's (1998) concept of the co-constructed self and interactive affect regulation also focuses on how therapist and client influence each other. The authors add that it is the task of the analyst to read subtle movements – for example, of the hands or of a shift in the sitting position.

Following Schore's work (for example 2010) on right brain to right brain communication many authors have pointed out the importance of the right brain related non-verbal messages. (For example Chused, 2007). Dorpat (2001) views body

movement, posture, gesture, and voice inflection as parts of the implicit processes which are seen as central mechanisms of the psychotherapy change process. Authors such as LaBarre (2008), Petrucelli (2008) Poettgen-Havekost (2004), Volz-Boers (2008) and Scharff (2008) describe similar embodied dialogues between therapist and client.

In these texts there are no explicit references to intercultural differences between therapist and client. But what is happening in intercultural therapy, if the 'appropriate reaction' is no longer valid in another cultural background? Are we really able to read the non-verbal behavior in an intercultural meeting? With reference to Leikert (2008) can we then still establish a "kinetic band" in the actual body-oriented togetherness with a client from a different culture and can we find the right tone for the other? Schore (2010, p.197) stresses the importance of the right brain communication especially with regards to "interactions with a new environment" and "when the 'going-on-being' of the patient's implicit self is dis-integrating in real time". In this respect I wonder how challenging the intercultural right brain to right brain communication might be for therapist and client?

I repeat my statement that the authors who write about bodily processes in therapy mainly focus on the implicit relational knowledge. The implicit *cultural* knowledge of therapist and client and the differences, challenges and misunderstandings involved are rarely mentioned. Benjamin (2002) does point out in her article on the mutual rhythms of recognition that humans can become incapable of reading relational patterns and negotiating difference. However, intercultural aspects are not mentioned. Knoblauch (2008, p. 197) writes that we have just begun to consider cultural influences that shape subjective experience and the intersubjective encounter. In fact the author focuses on "the clash of different cultural norms" but with regard to his "own psychoanalytic cultural beliefs and practices". His more implicit cultural expectations and perceptions towards his client whom he described as a "good Italian/Catholic girl" are less explicitly taken into account. Tömmel (2010, p. 99) advises that "the analyst should be able to perceive early cultural imprints underlying the adaptation to the guest culture". But how should this happen?

As a migrant myself I experienced how one can feel less certain about one's own self movements. In a different culture the others reacted differently to my usual behavior and "I became a bit of a stranger to myself" (Appel-Opper, 2007). For many authors such as Özbek and Wohlfahrt (2006), Ardjomandi and Streeck (2002) and Parlett (2000) migration means a disruption of the self. A body-oriented intercultural psychotherapist should then receive and access the remains of the splitt off feelings and parts of the self which are linked to the mother tongue and a different world of experience. For some of our intercultural clients the language of the body can be the primary means of expression (Möhring, 1995).

Embodied interventions and experiments

There I sat with A in our first session and I had noticed how my shoulders had become tense. For me this tension did not fit in overtly to her behaviour . It seems to me that another voice wanted to find an expression. I decided to bring my embodied resonance of the tension in my shoulders into the therapeutic field. This

seemed important. I assume now that I wanted to speak to the little Chinese girl who at one time had been beaten by her mother. In these minutes there was an atmosphere of loneliness in the air. It felt as if the little girl had tried to find a way to speak about her pain. I had the fantasy that nobody really had talked to the girl and that she had not talked to others much. At the same time it felt important to find a way to speak to the little girl and to respect the adult in the room at the same time. I had an image of the adult shielding the girl so that the little girl could not be exposed or laughed at again.

In a soft melodic voice I said: "as I sit with you I notice how my shoulders are slightly becoming tense". Then I added: "how are your shoulders in this moment?" At first, A started laughing quietly as if I had said something strange or funny. I then said that I was serious and looked at her. A immediately stopped laughing, looked for a short moment directly into my eyes and held her breathing for a split second. I remember how I also looked at her and how I was mindful to hold on to my regular breathing pattern. She then told me that her shoulders were really tight. She leaned forward a bit and asked me with an open, friendly voice, how I had known this. I then told A. that I work in a body-oriented and therefore paid attention to the body as well as, and alongside, the words. As A had held her breath I had thought that I had risked too much in telling her about my physical resonances. But then I experienced the forward movement and her tone of voice as signs that I had not given this intervention too early.

After all, this had been the first session and had been aware that our meeting seemed filled with atmospheres of the Chinese contact behavior which I did not know. In addition, the unfolding implicit embodied imprints from the client's relationship to her mother were also evoking a presence of her mother in our meeting.

All this led to a careful way of communication between A and myself. I remember how I felt like in an unknown world in which I developed the fantasy that I had to be cautious. So I used my own resonances as a compass.

As we focused on these early relational patterns we understood how A had to freeze feelings like anger and rage in her shoulders. This was also the place where her needs for autonomy and sense of belonging were held. These needs had been too dangerous in relation to A's mother. Later the client expressed how she felt "her mother inside her". In social situations at the university and in private relationships A was noticing a feeling of tension. We focused on some typical scenes and developed embodied experiments.

In a scene at the American consulate we worked out how frustrated A. had been that the Americans were allowed to queue in an extra waiting line and were served faster and in a more friendly way. We discovered that A. had disappeared deep inside of herself when she had experienced the loud voices of the Americans together with the different contact behaviour. As we talked about this I noticed how her shoulders looked tense and how my own shoulders also tensed up. I made use of this implicit body-to-body-communication, but this time my body explicitly transferred something to the client's body. First I announced that I wanted to move my shoulders up and down in a slow and mindful way and asked

her whether it would be fine with her to watch this. Parameters to notice how the body reacted to my intention were changes for example in the eye contact behaviour, skin colour breathing pattern or sitting position. Overall I got the impression that A. welcomed my intervention. Her breathing pattern had stayed unchanged and I had not seen signs of subtle movements away from me. All this together with her prompt “yes” convinced me that I could carry on. Then I started moving my shoulders and I continued to observe how her body received this communication. For me, A’s shoulders started looking less tense as they moved a bit more in the rhythm of her breathing. I also noticed that her mouth and chin looked a bit more relaxed than before, the skin was less pale and seemed softer. Her eyes somehow looked different and her breathing became deeper.

In our following conversation it became clear how the Americans from the scene in the consulate but also the German contact behaviour in general often directly represented her mother from whom she wanted to withdraw.

In another session we realized how challenging it was for A to express feelings of disliking something. A became aware that she would analyse everything instead. In these moments I saw that her shoulders moved down and stayed in this position. This led to the following embodied experiment to which A agreed. I took a tissue box and moved it along the table thereby twisting it from one side to another. This made various noises. I noticed how A’s shoulders moved down and that she looked at me. She then asked me whether everything was fine with me. I remember that I continued my movements for about one minute longer and did not answer her question during this time. Then I stopped and we talked about what had happened. A. remembered other scenes in which she could not express her feelings of disturbance. Together we worked out to repeat the intervention several times and A. would try to say “stop”. With every repetition this became easier.

I chose this experiment because it allowed me to impact both on the hardening of the shoulder and on her 'bottle neck' feeling. I believe that my moving shoulders had transferred movement impulses which also facilitated her saying “stop”. The movement impulses somehow were defreezing the held movements in her shoulders and in her mouth. A became aware how her body had closed down in social situations. She had held her shoulders still and had sealed her lips as expecting to be shamed or exposed.

I wish to point out that the clear link of this communication to the findings of mirror neurons and the right-brain-to-right-brain-communication.

Paper and humour

In one session A told me how unattractive she felt. She said that her ears were too big. As I noticed the change of tone in her voice I asked “who says that? She smiled. We both knew the answer, that this was the voice of her mother. Still smiling A added that her lips were also too thin. I remember that I took a piece of paper and asked her whether she could draw her lips. As I asked her about what these lips had experienced she told me that she had to kiss her mother and how unpleasant that had felt. Over the sessions we developed a fine humour which I

read as signs that the introjects from her mother were fading and were becoming less powerful.

I wish to add that for me the drawing itself had not been the focus of the intervention. Instead I had looked for ways to help her mobilize and therefore defreeze her shoulders.

Therapist and client between two worlds

A. told me about a meeting with other Chinese expatriates living in Berlin. She had felt strange in their company as if the Chinese culture had become more distant and further away. As a young girl and teenager A. had not been allowed to have contact with others. She remembered how isolated and lonely she had felt as a child. It became clear that already in China she had felt different. We understood that A. had moved to Germany and far away from her mother hoping to find a culture in which she could find her place.

This migration process of idealizing the new culture and distancing herself from the old culture resonated with me. At the time of the therapy with A. I had been back in Germany for about three years. The process of re-immigration into my own culture had been at times quite frustrating for me. Sometimes in these years I had felt like being somewhere between Great Britain and Germany. A. and I had focused at various times on how it had been like for her to live in Germany and the challenges and chances involved. I once mentioned that it had not been easy to find a way back into my own culture. A. then had looked at me and had said that she was surprised to hear that. I assume that in moments like that she and I saw each other as two women between two worlds.

Concluding remarks

At the end of the therapy, A. told me that my perception of her shoulders' tension was most important. She added that something deep happened. In this body-to-body-communication she and I connected and met despite our different worlds of experiences and languages. As a living body I received and understood something from her living body. A. also mentioned that it meant a lot to her that I had not persisted to go through an experiment. She added that this had been a new experience for her, that somebody gave her the choice and really accepted her answer. I recall how A. arrived with a list of things that she wanted to talk about. She somehow expected to be analysed and to be told what to do better. At times this felt as if she looked for a strict good mother, who would do everything right from now on.

I believe that the way I develop embodied interventions and experiments together with the client on a mutual stage was an appropriate method for A. to invite her to an intersubjective relationship with two women, two cultures and two bodies in the room. Over the years my clinical experiences have confirmed the immense healing power of such explicit body-to-body-communications. With this article I wish to plead for a body orientation in intercultural psychotherapy. Beside verbal interventions the intercultural therapist should know and master body interventions and the vocabulary of the body. I believe that the melody of the intercultural client's implicit *individual*

relational patterns can only be fully understood when we also hear the tones of the implicit cultural knowledge. The body indeed is the compass in a different world.

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